



STATE OF LOUISIANA
DEPARTMENT OF ENVIRONMENTAL QUALITY
WASTE PERMITS DIVISION
UNDERGROUND STORAGE TANK REGISTRATION

GENERAL INFORMATION: Use ink, and print or type all items except where a signature is required. Forms completed in pencil will not be accepted. A separate form must be completed for each facility/location containing underground storage tanks (UST's). If continuation sheets are attached, indicate the number of attached sheets here: ____

For registration questions, contact either Amy Smith 225-219-0969 or Shelia Jones 225-219-3131

RETURN COMPLETED **LDEQ: WASTE PERMITS DIVISION**
FORM TO: **WASTE SERVICES SECTION**
 Post Office Box 4313
 Baton Rouge, LA 70821-4313

DEQ Use Only
Check No.

**NOTE: Stage II Vapor Recovery Form, VEM-20 Required for the Following Parishes:
EBR, WBR, Ascension, Livingston, Iberville, Pt Coupee - Contact Evita Lagard, DEQ Surv at 225-219-3035**

FEES: Upon receipt of your registration form (UST-REG-01), the LDEQ will send you an invoice for all applicable fees, as delineated below: Annually thereafter, you will receive an itemized invoice(s) for all applicable fees for the fiscal year (July 1 through June 30). Each fee type is invoiced and sent separately. ALL FEES MUST BE PAID REGARDLESS OF WHETHER THE TANKS WILL BE INSTALLED, ARE OUT OF SERVICE, OR ARE PERMANENTLY OR TEMPORARILY CLOSED DURING THE FISCAL YEAR.

1 Annual Registration Fee

All UST owners must pay a fee of \$54 (rate increase effective July 1, 2002) per tank. Your registration(s) on file with the LDEQ will not be valid until payment is received. After payment is received, a "Certificate of Registration" will be issued for each facility. This certificate must be posted in a conspicuous location so that persons filling the USTs can easily verify registration.

2 Annual Monitoring and Maintenance Fee

- a. State and Federal agencies must pay a fee of \$158
- b. Owners of USTs containing hazardous substances as defined in Section 103 of the UST regulations must pay a fee of \$660
- c. Owners of USTs containing petroleum products not meeting the definition of a motor fuel must pay a fee of \$158

3 Motor Fuels Underground Storage Tank Trust Fund Fee

Owners of USTs containing new or used oil must pay an annual fee of \$275. For each gallon of motor fuels purchased, other than new or used oil, a fee of \$.008 per gallon is collected by the certified bulk dealer/distributor supplying the fuel.

NOTE: ALL SECTIONS MUST BE COMPLETED IN IT'S ENTIRETY. Registration forms lacking information will be returned. For amended registrations, be sure to include the agency interest identification number and the tank identification number(s) previous assigned to registered tanks. Owner Identification number should NOT be included if this is a Change of Ownership.

For copies, please contact our Public Records Request Section at www.deq.louisiana.gov or call 225-219-3168.

I. GENERAL REGISTRATION INFORMATION			STATE USE ONLY			
Agency Interest Number (assigned by LDEQ)	REASON FOR REGISTRATION		Federal ID No. 72-0999270			
	<input type="checkbox"/>	New Tank(s) and New Facility	Date Entered and Clerk Initials			
<input type="checkbox"/>	Replacement Tank(s)					
Your Federal ID No.	<input type="checkbox"/>	Additional Tanks(s)				
	<input type="checkbox"/>	Registering to Close Tank				
Facility ID No. (assigned by LDEQ)	<input type="checkbox"/>	Change of Ownership			date ____/____/____	
	<input type="checkbox"/>	Amended (Specify below)			Highlight change	
<input type="checkbox"/>	<input type="checkbox"/> Facility Name Change Only					
<input type="checkbox"/>	<input type="checkbox"/> Other (Specify)					

II. OWNER INFORMATION			III. FACILITY INFORMATION		
Certificate of Registration will be issued as indicated in this area			All lines completed in it's entirety.		
Owner Name (corporation, individual, public agency, or other entity)			Certificate of Registration will be issued with this information		
			Facility Name or Company Site Identifier, as applicable		
Mailing Address			Street Address (facility only)(P. O. Box or Route No. not acceptable)		
City	State	Zip Code	City	State	Zip Code
Telephone Number (include area code)			Telephone Number (include area code)		

RESERVED FOR STATE USE ONLY		Parish		Number of Tanks at this Facility	
		Latitude	Degrees	Minutes	Seconds
		Longitude	Degrees	Minutes	Seconds

IV. TYPE OF OWNER - Select the appropriate owner description.

<input type="checkbox"/>	Federal Government	<input type="checkbox"/>	State Government	<input type="checkbox"/>	Local Government	<input type="checkbox"/>	Commercial	<input type="checkbox"/>	Private
--------------------------	--------------------	--------------------------	------------------	--------------------------	------------------	--------------------------	------------	--------------------------	---------

V. NATIVE AMERICAN LANDS -Complete this section only if applicable

Name of Native American Tribe	Tanks are located on land owned by a Native American Reservation or on other trust lands.	Tanks are owned by Native American Nation, Tribe or Individual
-------------------------------	---	--

VI. TYPE OF FACILITY - Select the appropriate facility description.

<input type="checkbox"/>	Aircraft Owner	<input type="checkbox"/>	Contractor	<input type="checkbox"/>	Industrial	<input type="checkbox"/>	Railroad
<input type="checkbox"/>	Air Taxi (airline)	<input type="checkbox"/>	Farm	<input type="checkbox"/>	Petroleum	<input type="checkbox"/>	Trucking/Transport
<input type="checkbox"/>	Auto dealership	<input type="checkbox"/>	Federal Military	<input type="checkbox"/>	Residential	<input type="checkbox"/>	Utilities
<input type="checkbox"/>	Other (specify)	<input type="checkbox"/>	Federal Non- Military	<input type="checkbox"/>	Retail Seller of Motor Fuel (e.g. gas/service station)		

VII. CONTACT PERSON RESPONSIBLE FOR TANK(S)						UST-REG-01 pg. 2 of 2	
Name		Official Title			Phone Number (include area code)		
Address		City			State		Zip Code
VIII. FINANCIAL RESPONSIBILITY (Required assurance that an owner can pay for a cleanup and compensate third parties, should a release occur.)							
Check all that apply:		Commercial Insurance				Surety Bond	
		Guarantee				Other allowed Method (below)	
		LA Motor Fuel UST Trust Fund Self Insurance					
		Letter of Credit					
		Risk Retention Group					
		Self Insurance					
IX. DESCRIPTION OF UNDERGROUND STORAGE TANKS -Complete for each tank at this location							
1. Current Condition of Tank							
<p>NOTE: The registration form is NOT used to notify the LDEQ of USTs that are permanently closed (i.e., UST removals or USTs that have been properly filled in place.) Refer to LAC 33:XI. Chapter 9 of the UST regulations for Closure requirements. The owner of a UST not "in use" must either apply for temporary closure, or close the UST permanently. A UST may be temporarily closed for up to 12 months. Within this time, the owner must either bring the UST back into service, apply for an extension, or permanently close the UST. An owner is required to notify the Surveillance Division using form UST-ENF-01 30 days prior to performing permanent closure. Subsequently, an owner is required to document the closure using form UST-ENF-02 withing 60 days. The Surveillance Division will then notify the Registrations and Certifications Section of the permanent closure. For information or forms call 225-219-3600.</p> <p>TANK IDENTIFICATION NUMBERS ARE NUMBERS ISSUED BY DEQ PERSONNEL AT TIME OF REGISTRATION.</p>							
Tank Identification Number (MUST BE ASSIGNED BY LDEQ)		Tank No.	Tank No.	Tank No.	Tank No.	Tank No.	Tank No.
Mark Only One	New/Currently in Use	Yes__No__	Yes__No__	Yes__No__	Yes__No__	Yes__No__	Yes__No__
	Temporarily Out of Use	Yes__No__	Yes__No__	Yes__No__	Yes__No__	Yes__No__	Yes__No__
	Date taken out of service	/ /	/ /	/ /	/ /	/ /	/ /
Is this a compartment tank?							
Compartment tank is only ONE tank		Yes__No__	Yes__No__	Yes__No__	Yes__No__	Yes__No__	Yes__No__
If yes, how many compartments?							
Has tank or piping ever leaked - DATE		/ /	/ /	/ /	/ /	/ /	/ /
If tank or piping leaked - Date Corrected		/ /	/ /	/ /	/ /	/ /	/ /
2. Date of Installation (estimate if unknown)		/ /	/ /	/ /	/ /	/ /	/ /
3. Date Put in Service (estimate if unknown)		/ /	/ /	/ /	/ /	/ /	/ /
4. Total Capacity - gallons (unknown not acceptable)							
5. Water Wells - Is there a water well (active or abandoned) within 50 ft.		Yes__No__	Yes__No__	Yes__No__	Yes__No__	Yes__No__	Yes__No__
If yes, specify number of Active Wells							
Number of Abandoned Wells							
6. Substance last stored in greatest quantity by volume - Complete for each tank at this location							
Gasoline							
Diesel							
Gasohol							
Kerosene							
Heating Oil							
Aviation Fuel							
New and Used Oil (waste, lube cutting, motor, compressor, inhibited, recycling, engine, etc. oils)							
Other petroleum-based substances							
Hazardous Substance-Name Substance							
Tank used for emergency generator only		Yes__No__	Yes__No__	Yes__No__	Yes__No__	Yes__No__	Yes__No__
X. CERTIFICATION BY THE OWNER - Must be completed by the owner							
CERTIFICATION OF FINANCIAL RESPONSIBILITY							
I certify, under penalty of law, that I have met the financial responsibility requirements in accordance with the UST regulations, in particular LAC 33:XI.Chapter 11.							
CERTIFICATION OF TRUENESS, ACCURACY, AND COMPLETENESS OF INFORMATION							
I certify, under penalty of law, that I have personally examined and am familiar with the information submitted in this and all attached documents.							
Based on my inquiry of individuals immediately responsible for obtaining the information, I believe the submitted information is true, accurate, and complete.							
Signature of Owner or Authorized Employee (CONTRACTOR'S SIGNATURE NOT ACCEPTABLE)					Date		
()							
Printed Name of Person Signing Form			Phone No.		Official Title		
NOTE: A current copy of the registration form must be kept on-site or at the nearest staffed facility							